



12-29-04

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Serial No. 10/612,839
Filing Date July 3, 2003
Inventor Luan C. Tran
Assignee Micron Technology, Inc.
Group Art Unit 2818
Examiner D. Le
Attorney's Docket No. MI22-2339
Confirmation No. 7177
Customer No. 021567
Title: Methods Of Forming A Conductive Capacitor Plug In A Memory Array

RESPONSE TO AUGUST 27, 2004 OFFICE ACTION

To: Mail Stop Fee Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

EV372471210

From: James D. Shaurette (Tel. 509-624-4276; Fax 509-838-3424)
 Wells St. John P.S.
 601 W. First Avenue, Suite 1300
 Spokane, WA 99201-3828

AMENDMENTS

01/03/2005 HALI11 00000062 10612839

01 FC:1202

100.00 OP

Appl. No. 10/612,839
Amdt. Dated 12/27/2004
Reply to Office Action dated 8/27/2004

In the Title

Please replace the title with the following:

--Methods Of Forming A Conductive Capacitor Plug In A Memory Array--.



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number 10/612,839

Filing Date July 3, 2003

First Named Inventor Luan C. Tran

Art Unit 2818

Examiner Name D. Le

Attorney Docket Number MI22-2339

ENCLOSURES (Check all that apply)

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to a Technology Center (TC) |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request | <input checked="" type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | Return Receipt Postcard; A \$530.00 Check; |
| <input checked="" type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | Remarks | |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application | Additional Enclosures; Cited References (2). | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | EV372471210 | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual James D. Shaurette, Reg. No. 39,833
Wells St. John, P.S.

Signature

Date

[Signature]
12/27/04

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as express mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 12-27-2004

Typed or printed Trinity Coxon

Signature

Date

[Signature]

12/27/04

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.



Effective on 12/08/2004. As pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2005		Application Number	10/612,839
		Filing Date	July 3, 2003
		First Named Inventor	Luan C. Tran
		Examiner Name	D. Le
		Art Unit	2818
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	MI 22-2339
TOTAL AMOUNT OF PAYMENT (\$)		530.00	

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 23-0925 Deposit Account Name: Wells St. John, P.S.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100					

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims 60 - 20 or HP = 2 x 50.00 = 100.00

HP = highest number of total claims paid for, if greater than 20

Indep. Claims 60 - 3 or HP = 3 x 200.00 = 600.00

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
<u>60</u>	<u>2</u>	<u>1</u>	<u>125</u>	<u>125</u>

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Terminal Disclaimer; Supplemental IDS; Request for Ext. (1 mo) \$530.00

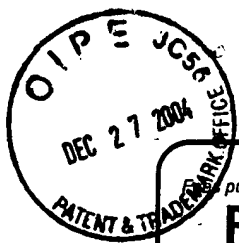
SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	39,833
Name (Print/Type)	James D. Shaurette	Telephone	509-624-4276
		Date	12/27/04

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

01/03/2005 HRE:11 0000063 10612839 For assistance in completing the form, call 1-800-PTO-9199 and select option 2.

01_EC:1251

120-00-0P



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TOTAL AMOUNT OF PAYMENT		(\$)	530.00

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☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 23-0925 Deposit Account Name: Wells St. John, P.S.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

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Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
<u>60</u> - 100 = <u>0</u>	<u>0</u> / 50 = <u>0</u>	<u>0</u> (round up to a whole number) x <u>125</u>	<u>0</u>	<u>0</u>

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Terminal Disclaimer; Supplemental IDS; Req. for Ext. (1 mo) \$30.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	Telephone
Name (Print/Type)	James D. Shaurette	39,833	509-624-4276
			Date <u>12/27/04</u>

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